

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Henry Chiu, et al. Docket No.: 39766-0260R1
Serial No.: 10/614,853 Group Art Unit: 1647
Filing Date: July 8, 2003 Examiner: Spector, Lorraine
For: **COMPOSITIONS AND METHODS FOR THE TREATMENT
OF IMMUNE RELATED DISEASES**

FILED VIA EFS – SEPTEMBER 17, 2007

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby petition for an extension of time under 37 CFR 1.136(a) to respond to the Office Action mailed February 23, 2007, for three months. This petition is filed to maintain copendency for a continuation application filed August 22, 2007.

The Commissioner is authorized to charge any fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 08-1641 (Attorney Docket No.: 39766-0260R1).

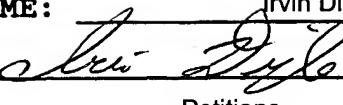
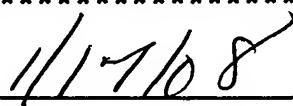
Date: September 17, 2007


Ginger R. Dreger
Reg. No. 33,055

Adjustment date: 01/17/2008 CKHLOK
09/18/2007 INTEFSW 00002094-081641 10614853
02 FC:1253 1020.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	01/16/08	2 Serial/Patent #	10/614,853
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time		09/17/07	\$ 1,020.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,020.00
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input checked="" type="checkbox"/> No Fee Due (Explanation):		9 0 8 -- 1 6 4 1	
The extension of time period is over, no extension fee is due.			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		Irvin Dingle	
SIGNATURE:			
OFFICE:		Petitions	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED:		DATE: 	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B